

Arizona Massage Therapy Board

1400 W. Washington St., Suite 230

Phoenix, AZ 85007

602-542-8604 fax 602-542-3093

RECIPROCITY STATE BOARD LICENSE VERIFICATION

Section I. To be completed by applicant. Please type or print clearly (a fee may be required for verifications)

Applicant must fill in: Print Name _____

Address: _____ Social Security Number: _____

State Licensed with: _____ License Number: _____

Section II. To be completed by State Licensing Board: Please type or print clearly

The State of _____

Located At _____
Address City State

How the applicants name appears on license

License information: _____
License No. Date of Issue Date Expires

Qualifications for licensure in this state are:

Total hours of education _____ National examination? Yes ____ No ____

Exam name _____ Date exam taken ____/____/____

Issued license based on:

- | | |
|---|---|
| <input type="checkbox"/> Education Requirements | <input type="checkbox"/> Endorsement/Reciprocity |
| <input type="checkbox"/> State Examination | <input type="checkbox"/> Grandfather Requirements |
| <input type="checkbox"/> National Examination | |

Current Status of this license

Active ____	Lapsed ____	Inactive ____	Denied** ____	Suspended** ____	Revoked** ____
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Please attach a copy of the Findings of Fact and Decision and Order.

Has the licensee ever been Disciplined, Censured or Probation ** Yes ____ No ____

If yes provide information regarding any action pending or taken against the individual. Please describe and attach documentation:

I certify that the above information is correct and true.

Name of Agency _____

Signature _____ Print _____

Title _____ Date ____/____/____

Mail this form directly to the:

Arizona Massage Therapy Board
1400 W. Washington Rm. 230
Phoenix AZ. 85007

State Seal